

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
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11						
12						
13	1					
14	1					
15	1					
16	1					
17	1					
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49						
50						
TOTAL IND.	1					
TOTAL DEP.	10	↔	↔	↔	↔	
TOTAL CLAIMS	11	██████████	██████████	██████████	██████████	██████████

	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.						
TOTAL DEP.		↔	↔	↔	↔	
TOTAL CLAIMS		██████████	██████████	██████████	██████████	██████████